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APPLICANTS

Gerhard Schoonderbeek, Woking, UNITED KINGDOM;
 Laurent Alteirac, Houston, TX;
 Jeremy P. Walker, Saint Germain en Laye, FRANCE;
 Rodney J. Wetzel, Katy, TX;

** CONTINUING DATA **** *H/none*** FOREIGN APPLICATIONS **** *H/none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 4	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

35204

TITLE

Well Fluid Control

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